



County of San Bernardino

F A S

STANDARD CONTRACT

FOR COUNTY USE ONLY

E	New	Vendor Code		SC	Dept.	A	Contract Number 90-116-A5	
M	<input checked="" type="checkbox"/> Change							
X	Cancel							
County Department County Administrative Office					Dept.	Orgn.	Contractor's License No.	
County Department Contract Representative William H. Randolph					Ph. Ext. 387-5418		Amount of Contract	
Fund AAA	Dept. CAO	Organization 010	Appr. 100	Obj/Rev Source 1010	Activity	GRC/PROJ/JOB Number		
Commodity Code			Estimated Payment Total by Fiscal Year					
			FY	Amount	I/D	FY	Amount	
Project Name								

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and

Name

Pamela K Milligan

hereinafter called Contractor

Address

2646 Kadema Drive

Sacramento, CA 95864

Phone

(916) 482-3818

Birth Date

1/31/60

Federal ID No. or Social Security No.

275-64-8467

IT IS HEREBY AGREED AS FOLLOWS:

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

Effective April 23, 2001, paragraph 2 is amended to read as follows:

2. For and in consideration of Contractor's services, County agrees to pay Contractor, and Contractor agrees to accept the salary rate of Range 76, Step 11 of the County Salary schedule.

Effective April 23, 2001, paragraph 12, which was added by amendment #3 effective December 21, 1996, is amended to read as follows:

12. Notwithstanding the provisions of paragraph 2, Contractor shall be eligible to receive the same across-the-board salary increases that are provided to regular County employees in the Exempt Group.

All other terms and conditions remain unchanged.

COUNTY OF SAN BERNARDINO

►
Fred Aguiar, Chairman, Board of Supervisors

Dated: _____

SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Clerk of the Board of Supervisors
of the County of San Bernardino.

By _____
Deputy

(Print or type name of corporation, company, contractor, etc.)

By ►
(Authorized signature - sign in blue ink)

Name _____
(Print or type name of person signing contract)

Title _____
(Print or Type)

Dated: _____

Address _____

Approved as to Legal Form

►
County Counsel

Date _____

Reviewed by Contract Compliance

►

Date _____

Reviewed for Processing

►
Agency Administrator/CAO

Date _____